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DEC - 3 2004

510 (k) SUMMARY OF SAFETY AND EFFECTIVENESS SUBSTANTIAL EQUIVALENCY

Submitter:

Surgical Specialties Corporation

Address:

100 Dennis Drive

Reading, PA 19606

Telephone:

610 404 1000, ext. 2231

Contact Person:

Elizabeth Lazaro

Regulatory Affairs Specialist

Date Prepared:

October 14, 2004

Name of Device:

Contour Forehead/Browlift Threads™

Common / Usual

GAW

Classification Name:

Suture, Non Absorbable, Synthetic, Polypropylene

Predicate Device:

Coapt Endotine Forehead Device K014153 Featherlift Extended Length Thread (Contour

ThreadsTM) K041593

Indications For Use:

The Contour Forehead/Browlift ThreadTM is indicated for use in browplasty surgery. The Contour Forehead/ Browlift ThreadTM is indicated for use to fixate the subdermis to the periosteum of

the Cranium in browplasty.

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS (continued)

Device Description

The Contour Forehead/Browlift ThreadsTM are a clear, nonabsorbable, sterile, surgical strand of polypropylene. The base product is USP size 2-0 polypropylene suture material. The 20 centimeter length incorporates a unidirectional-cogged section 10 centimeters long from the distal end. The 12 centimeter length incorporates a bi-directional design from the center. Both Unidirectional and Bidirectional Threads will have a 4 inch needle attached to the distal ends, with a 26 mm curved needle attached to the proximal end of the Unidirectional Thread and a 1 1/2 inch straight needle attached to the proximal end of the Bidirectional Threads. The threads are supplied sterile for single use.

Technological Characteristics:

The Polypropylene material used for the Contour Forehead/Browlift Threads™ is commonly used in medical applications and has been proven to be biocompatible. Bench and animal evaluations have demonstrated the device to be safe and effective. It is equivalent to other 510 (k) approved surgical sutures and identical to Surgical Specialties' Polypropylene Surgical Sutures, PMA 870064.

Substantial Equivalence

The Contour Forehead/ Browlift ThreadTM is identical in the intended use to the predicate Endotine Forehead device.

The Contour Forehead/Browlift ThreadTM uses the same suture material as the predicate Featherlift Extended Length Thread (Contour ThreadsTM). The approved suture material is Polypropylene. The Contour Forehead/Browlift ThreadsTM intended use is in browplasty surgery to fixate the subdermis to the periosteum of the cranium in browplasty.

The Contour Forehead/ Browlift Threads™ Surgical Specialties Corporation



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

DEC - 3 2004

Ms. Elizabeth Lazaro Regulatory Affairs Specialist Surgical Specialties Corporation 100 Dennis Drive Reading, Pennsylvania 19606

Re: K042856

Trade/Device Name: Contour Forehead / Browlift Threads™

Regulation Number: 21 CFR 878.5010

Regulation Name: Nonabsorbable polypropylene surgical structure

Regulatory Class: II Product Code: GAW Dated: October 14, 2004 Received: October 15, 2004

Dear Ms. Lazaro:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Miriam C. Provost

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): <u>K042856</u>		
Device Name: Contour Forehead / Browlift Thread™		
Indications For Use:		
The Contour Forehead / Browlift Thread™ is indicated for use in browplasty surgery.		
The Contour Forehead / Browlift Thread™ is specifically indicated for use to fixate the subdermis to the periosteum of the Cranium in browplasty.		
✓		
Prescription Use(Part 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use (21 CFR 801 Subpart C)
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)		
Concurrence of CDRH, Office of Device Evaluation (ODE)		
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Miriam C Provost
(Division Sign-Off)
Division of General, Restorative and Neurological Devices

510(k) Number K642856